



BARRIERS PREVENTING EFFECTIVE COMMUNICATION BETWEEN DV AND CD PROFESSIONALS

The intersection of addiction and battering has been the subject of intense debate and polarization between batterer intervention programs and addiction treatment programs. This article is an attempt to describe some of the lessons learned on the path from fighting to collaboration between Dawn Farm (a drug-free addiction treatment provider with roots in the therapeutic community movement) and Alternatives to Domestic Aggression (a batterer intervention program rooted in feminist theory and the Duluth Model).

Our History

Dawn Farm and Alternatives to Domestic Aggression have a history of intense conflict, particularly in the 1990's.

In 1994 Dawn Farm received a document from ADA that it perceived as a hostile attack on the field of addiction treatment, the disease model of addiction and Alcoholics Anonymous. Prior to this Dawn Farm had little, if any, contact or knowledge of ADA. ADA said that they hoped this document would provoke a dialogue between batterer intervention programs (BIP) and addiction treatment professionals. Based on the tone of this document Dawn Farm decided that ADA was a program that it could not and would not work with. It feared that any referral to ADA would be discouraged from attending 12 step meetings and its work would be severely undermined. As a result there was no communication between the two programs for the next several years.

In 1998 local judge ordered a client to enter Dawn Farm and ADA. Dawn Farm contacted the judge for this case and requested that this client be ordered to a different BIP. The probation officer assigned to this case requested a meeting with the two programs and facilitated a dialogue. Both programs brought their concerns to the table and felt that there was enough common ground to continue the dialogue. (It is worth noting that both programs were going through significant internal changes that made them much more open to questioning their assumptions and learning from each other.) After several lengthy discussions about all of the concerns on both sides, both programs were able to find sufficient common ground to work effectively together and not undermine the other.

It has become apparent through discussions with other professionals, attending workshops on CD and DV, and research on the subject that our experience is the rule rather than the exception. False assumptions and strident language that prevents dialogue continue to be problems on both sides. We hope that our experience and lessons learned can help other programs to avoid or end the acrimony that Dawn Farm and ADA permitted for too long.

Here are some of the barriers and lessons we identified through this process:

Growing In Opposite Directions

What we realized we had in common was our history. Both programs identify strongly with their respective systems and both advocate maintaining the categorically segregated service systems that emerged from the failure of other systems (mental health, criminal justice, child welfare, etc.) to adequately address their problems. Both also see increasing pressure on their systems to integrate with other systems and see programs in their systems getting devoured by other programs and systems who seek to "own" the problems of addiction and battering for various reasons. Both see the continued ownership of our problems by our systems as critically important. This issue of problem ownership has critical implications for how society defines the nature of the problem (As medical, psychiatric, criminal, moral or social). This history has led both programs to be suspicious when other programs and systems seek to serve our clients.



Both fields have been going through similar developmental trajectories: both have been working hard to raise public awareness of their problem; both have been combating deeply engrained misunderstandings of their problems; both have had their legitimacy questioned; and both have gone through intense internal struggles to clarify and develop their theoretical foundations. While both fields have followed parallel paths in many ways, they have been trying to move professional and societal perceptions and responses in very different directions.

Batterer Intervention Programs		Addiction Treatment
Functional Use Of Power & Control	vs.	Powerless – Loss Of Control
Stigmatization of Battering	vs.	Stigma Reduction
Criminalization	vs.	Medicalization
Focus On Victim Safety	vs.	Focus On Individual Needs
Challenges Values	vs.	Value Neutral

The most obvious challenge to collaboration between addiction professionals and BIPs is the tension between the concepts of powerlessness and power and control. Recovering people and addiction professionals have worked hard over the last 70 years to combat the widely held belief that addiction is “willful misconduct” or “bad choices”. We have tried to inform the public that the essence of addiction is *loss of control* – that addicts have *lost the power of choice* where AOD are concerned. BIPs have been fighting the mirror image of this battle. BIPs have been challenging the notions that the batterer “lost it”, “flew off the handle”, “exploded”, “blew up” or has impulse control problems. The clear implication of all of these commonly used expressions is that a batterer’s problem is a temporary loss of control over their behavior. BIPs have been working to educate the public that battering is always a choice and that it is strategic in nature.

We found that this was not as difficult a barrier we had thought. The solution was to agree to recognize domestic violence and addiction as two individual primary problems and limit the concept of powerlessness to AOD use. The more difficult barriers were in the more nuanced, strongly held and hard fought premises that underpin each of our field’s understanding of our problem and spills into our understanding of human behavior in general. These barriers are far less obvious, don’t always lend themselves to a simple solution and can undermine trust between professionals.

Addiction treatment advocates have been working hard to reduce the stigma of alcoholism and drug addiction. We have put years of effort into shifting public perception of addicts from one of hatred and fear to one of sympathy and compassion. At the core of these efforts has been the message that these are good people who have an illness that sometimes makes them do awful things. We have tried to move ownership of the problem of addiction from the criminal justice and mental health systems to a categorically segregated addiction treatment system that recognizes addiction as a primary illness requiring specialized treatment.

At the same time, DV advocates have been trying move the public’s understanding of battering in a very different direction. The public’s attitude towards DV has traditionally been sympathetic towards the batterer. The batterer’s violence was attributed to stress, the victim’s behavior, or indulging in too much alcohol. DV advocates



have been trying to stigmatize battering and unambiguously move ownership of the problem away from mental health systems and toward the criminal justice system. At the core of these efforts has been the assertion that battering is not the result of stress, anger, his upbringing, mental illness, substance abuse, or the behavior of the victim. Rather, battering is the strategic use of violence to maintain power and control over the victim and is therefore unambiguously a violent crime. Implicit in this argument is that the proper response to battering is not treatment or counseling (which imply illness or a psychological wound) but criminal justice intervention focused on victim safety and accountability.

This focus on victim safety at first seems obvious and does not appear to present any challenges to collaboration between providers. However, this is a very fundamental difference. When a BIP is working with a batterer, they are not exactly serving the person in front of them. That client's needs and interests do not come first. The person that the BIP exists to serve is the victim (who they generally never meet). This has the potential to present some challenges for today's person-centered addiction treatment approaches.

Knowing these differences is important for several reasons:

- Collaborating service providers may find themselves talking past each other and not understanding why they are not connecting.
- It gives some insight into how confusing it can be for a client to understand and integrate these seemingly conflicting perspectives.
- It helps in affirming the importance of each perspective and creates openings for providers to defer to each other without necessarily understanding or agreeing on everything.
- There is a history in both fields of inappropriately transferring language, concepts and premises from one problem to the other. Workers are often unaware that they are doing this. Understanding these differences can prevent this harmful tendency on both sides.

Compatible Ground, If Not Common Ground

Both fields are no stranger to conflict. Both have their history of internal feuding over We have also learned the lessons:

- DV professionals fail to recognize and use 12 step programs as a potential source of accountability.
- CD professionals fail to recognize that batterers will attempt to inappropriately transfer 12 step material to their battering. (e.g. powerlessness; "I have a disease, you [the victim] can't leave me") *CD professionals need to recognize the potential for batterers to twist tools of recovery into tools for absolving themselves of responsibility for their abuse and tools for controlling their victims.*
- Don't get bogged down in unnecessary disagreements. They will come up.
 - Focus on ways for both to be true to themselves and reduce/eliminate theoretical and practical incompatibilities rather than agreeing on everything.
- Both sides fail to recognize that the other doesn't need to agree on everything to work effectively together. *If DV and CD professionals talked more openly with each other, they could come up with enough shared beliefs that they could avoid undermining the work of the other and probably support it.*



- Both sides approach each other with a “They just don’t get it” attitude, rather than a willingness to learn and recognition that the “state of the art” for both populations has plenty of room for improvement. *Both sides need to listen and learn from each other.*
- In the event programs do determine that a relationship with another program is impossible, they need to resist the temptation to dismiss the problems or questions raised by the other program. *Even when collaboration is not possible, it is important to give careful consideration to the concerns of all sides. Programs should look for the truth in those concerns and find ways to address them that is consistent with their own core philosophy.*
- Both sides fail to acknowledge the weaknesses and contradictions of their own conceptual frameworks; instead they tend to defend their framework more vigorously and with more alienating and sometimes hostile dogmatic rhetoric. Both of these fields can be intolerant of its own members questioning its conceptual framework and are especially defensive and intolerant when members of other disciplines do the same. *Both sides are so protective of their conceptual frameworks because they work. It is therefore the responsibility of both sides to try to make them work together. It would also help to recognize that questions and challenged to these frameworks can help us clarify and further define them.*
 - A HELPFUL METAPHOR - Both sides have been going through a philosophical and conceptual “trailblazing” period. Activists on both sides have been fighting to have their conceptual frameworks taken seriously and have turned it into a political cause. Practitioners are now attempting to build roads on those trails and are finding that some trails are too narrow or too wide, in some cases a road can’t be built on the trail and a detour must be used.